PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Effective on 12/08/2004. 10/721,339-Conf. #8375 ursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **Application Number** November 26, 2003 TRANSMITTAL Filing Date Jong Seok KIM First Named Inventor For FY 2005 S. E. Husband **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 1746 Art Unit 0465-1092P TOTAL AMOUNT OF PAYMENT (\$) 850.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) x Check None Other (please identify): Credit Card Money Order Birch, Stewart, Kolasch & Birch, LLP Deposit Account Number: 02-2448 Deposit Account Name Deposit Account For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayment of Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES** SEARCH FEES **Small Entity Small Entity Small Entity Application Type** Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) <u> Fee (\$)</u> Utility 300 500 200 100 150 250 200 100 100 50 130 65 Design Plant 200 100 300 150 160 80 300 500 250 600 300 Reissue 150 Provisional 200 100 0 **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 180 360 Fee Paid (\$) **Multiple Dependent Claims Total Claims** Extra Claims 17 Fee (\$) Fee Paid (\$) Indep. Claims **Extra Claims** Fee Paid (\$) Fee (\$) 400.00 × 200.00 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Fee Paid (\$) **Total Sheets** Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) - 100 = /50 (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1252 Extension for response within second month 450.00 SUBMITTED BY Registration No. Signature 39,538 Telephone (703) 205-8000

(Attorney/Agent)

Date

JTE/RJW/vd .

March 20, 2006

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Name (Print/Type) | /James T. Eller, Jr.

PTO/SB/22 (12-04)
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PETITION FOR EXTE	Docket Number (Optional)				
(Fees pursuant to the C	0	465-1092P			
pplication Number 10/721,339-Conf. #8375		Filed I	November 26,	vember 26, 2003	
For DRUM TYPE W	ASHING MACHINE				
Art Unit 1746			Examiner	S. E. Husl	oand
dentified application.	the provisions of 37 CFR 1.1	• •	,	, ,	:
The requested extension	n and fee are as follows (che	eck time period des		• • •	e below):
One month	(37 CFR 1.17(a)(1))	<u>Fee</u> \$120	Small Entity F \$60	<u>ee</u> \$	
X Two month	s (37 CFR 1.17(a)(2))	\$450	\$225	\$	450.00
Three months (37 CFR 1.17(a)(3)) Four months (37 CFR 1.17(a)(4))		\$1020	\$510	\$	
		\$1590	\$795	\$	
Five month	s (37 CFR 1.17(a)(5))	\$2160	\$1080	\$	
The Director has	dit card. Form PTO-2038 is a salready been authorized to nereby authorized to charge at Number 02-2448	charge fees in this		edit any overp	payment, to
I am the	applicant/inventor.				
	assignee of record of the enti Statement under 37 CFR	3.73(b) is enclosed	I. (Form PTO/SB/	96).	
	attorney or agent of record. I	_		<u>.</u> _	
	attorney or agent under 37 C Registration number if acting t		39,538		
Carnes 1	Seller 1			arch 20, 2006	
Signature James T. Eller, Jr.			Date		
			(703) 205-8000		
NOTE: Signatures of all the than one signature is required.	Typed or printed name inventors or assignees of record of the ed, see below.	entire interest or their rep		phone Numbered. Submit multiple	forms if more
Total of	1 forms are subm	itted.	- 6944/ceep basi - 71 711:1232	uvama verver	653.
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